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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

Name *Cos*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>Examiner's Signature</i>	<i>Initials</i>				

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TITLE

Ergonomic hand tool

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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